



# Check Register

## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	06/02/2026	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	05/07/2026 05/07/2026	156561	\$1,964.31	805027899
	06/02/2026	8050003491	Mercy Clinic Oklahoma Communities, Inc Physician	04/14/2026 04/14/2026	156561	\$234.20	805027900
	06/02/2026	8050003491	Mercy Hospital Oklahoma City, Inc Hospital - Outpatient	04/14/2026 04/14/2026	156561	\$741.02	805027901
	06/02/2026	8050003491	RADIOLOGY CONSULTANTS PC Medical	04/17/2026 04/17/2026	156561	\$49.65	805027902
	06/02/2026	Combined	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	05/15/2026 05/15/2026	156561	\$1,135.24	805027903
	06/02/2026	Combined	PTMS 3.0, LLC Physician	05/08/2026 05/08/2026	156561	\$872.27	805027904
	06/02/2026	8050003306	Claimant Permanent Total Disability	05/29/2026 06/04/2026	156561	\$467.35	805027905
	06/02/2026	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	05/15/2026 05/15/2026	156561	\$1,114.45	805027906
	06/02/2026	8050003484	Claimant Temporary Total Disability	05/29/2026 06/04/2026	156561	\$476.04	805027907
	06/02/2026	8050003306	RBRS Legal Group, PLLC Permanent Total Disability	06/05/2026 06/11/2026	156561	\$121.39	805027908
<b>Total By - Method Desc: 10</b>					<b>Total for Method</b>		
<b>Total Number of Checks: 10</b>					<b>Desc:</b>	<b>\$7,175.92</b>	<b>\$7,175.92</b>
					<b>Total Amount:</b>	<b>\$7,175.92</b>	<b>\$7,175.92</b>

# Payment Summary Current

Processed Date 6/2/2026 To 6/2/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		6/2/2026	Bill Review Fees	8050003497		10.96	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003474		22.30	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003496		38.27	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003491		23.22	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003474		36.95	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003469		28.84	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003498		23.92	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003474		27.66	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003477		43.94	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003491		12.00	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003477		29.79	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003477		451.56	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003496		25.32	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003497		10.37	805027906	RISING MEDICAL SOLUTIONS, LLC

## Payment Summary Current

**Processed Date 6/2/2026 To 6/2/2026**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	6/2/2026	Bill Review Fees	8050003474		42.88	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003500		17.06	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003491		31.05	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003497		10.74	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003477		43.94	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003474		37.63	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003474		48.39	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003498		10.37	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003474		36.09	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Bill Review Fees	8050003477		51.20	805027906	RISING MEDICAL SOLUTIONS, LLC
		6/2/2026	Hospital - Outpatient	8050003491		741.02	805027901	Mercy Hospital Oklahoma City, Inc
		6/2/2026	Medical	8050003491		49.65	805027902	RADIOLOGY CONSULTANTS PC
		6/2/2026	Medical	8050003469		366.06	805027899	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/2/2026	Permanent Total Disability	8050003306		121.39	805027908	RBRS Legal Group, PLLC

## Payment Summary Current

**Processed Date 6/2/2026 To 6/2/2026**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	6/2/2026	Permanent Total Disability	8050003306		467.35	805027905	Claimant
		6/2/2026	Physician	8050003491		234.20	805027900	Mercy Clinic Oklahoma Communities, Inc
		6/2/2026	Physician	8050003500		126.53	805027903	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/2/2026	Physician	8050003474		81.68	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003497		148.85	805027903	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/2/2026	Physician	8050003474		86.92	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003477		89.29	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003474		86.92	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003497		209.85	805027903	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/2/2026	Physician	8050003474		55.52	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003477		141.88	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003474		81.23	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003498		148.85	805027903	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/2/2026	Physician	8050003496		402.44	805027899	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

## Payment Summary Current

**Processed Date 6/2/2026 To 6/2/2026**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	6/2/2026	Physician	8050003474		86.06	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003497		242.29	805027903	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/2/2026	Physician	8050003477		89.29	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003474		73.48	805027904	PTMS 3.0, LLC
		6/2/2026	Physician	8050003498		258.87	805027903	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/2/2026	Physician	8050003477		829.06	805027899	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/2/2026	Physician	8050003496		157.90	805027899	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/2/2026	Physician	8050003477		208.85	805027899	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/2/2026	Temporary Total Disability	8050003484		476.04	805027907	Claimant
<b>Total Payment Method</b>						<b>7,175.92</b>		
<b>Total Insurer</b>						<b>7,175.92</b>		
<b>Grand Total</b>						<b>7,175.92</b>		

APPROVED ON \_\_\_\_\_, 20 \_\_\_\_  
BY THE BOARD OF COUNTY COMMISSIONERS

\_\_\_\_\_  
DISTRICT 1

\_\_\_\_\_  
DISTRICT 2

\_\_\_\_\_  
DISTRICT 3

ATTEST:

\_\_\_\_\_  
COUNTY CLERK

	<b>Claim Number</b>	<b>Department</b>	<b>Amount</b>
A	8050003306	Sheriff	\$588.74
B	8050003469	Sheriff	\$394.90
C	8050003474	Juvenile	\$803.71
D	8050003477	District 1	\$1,978.80
E	8050003484	Assessor	\$476.04
F	8050003491	Facilities Management	\$1,091.14
G	8050003496	Sheriff	\$623.93
H	8050003497	Treasurer	\$633.06
I	8050003498	District 1	\$442.01
J	8050003500	Sheriff	\$143.59
			<b>\$7,175.92</b>